

Application Data Sheet

APPLICATION INFORMATION

Application Number::	
Filing Date::	November 24, 2003
Application Type::	Regular
Subject Matter::	Utility
Title::	MODAFINIL FORMULATIONS
Attorney Docket Number::	225326
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Petition Included?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Moshe
Middle Name::	
Family Name::	Bentolila
City of Residence::	Beer Sheva
State or Prov. of Residence::	
Country of Residence::	IL
Street of mailing address::	22/17 Rachel Imenu Str., Nachal Ashan
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	IL
Postal or Zip Code of mailing address::	84513

Inventor Authority Type:: Inventor
Primary Citizenship Country:: IL
Status:: Full Capacity
Given Name:: Aldo
Middle Name::
Family Name:: Shusterman
City of Residence:: Beer Sheva
State or Prov. of Residence::
Country of Residence:: IL
Street of mailing address:: 11 Shlomo Sakosky St.
City of mailing address:: Beer Sheva
State or Province of mailing address::
Country of mailing address:: IL
Postal or Zip Code of mailing address:: 84255

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IL
Status:: Full Capacity
Given Name:: Moshe
Middle Name::
Family Name:: Arkin
City of Residence:: Kfar Shmariahu
State or Prov. of Residence::
Country of Residence:: IL
Street of mailing address:: 22 Derech Haganim
City of mailing address:: Kfar Shmariahu
State or Province of mailing address::
Country of mailing address:: IL
Postal or Zip Code of mailing address:: 546910

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IL

Status:: Full Capacity
Given Name:: Joseph
Middle Name::
Family Name:: Kaspi
City of Residence:: Givatayim
State or Prov. of Residence::
Country of Residence:: IL
Street of mailing address:: 13 Borochoy St.
City of mailing address:: Givatayim
State or Province of mailing address::
Country of mailing address:: IL
Postal or Zip Code of mailing address:: 52501

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
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REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
Israel	153,098	11/26/2002	Yes

ASSIGNEE INFORMATION

Assignee name:: CHEMAGIS LTD.
Street of mailing address:: 3 HaShlosa Street

City of mailing address:: Tel Aviv

State or Province of
mailing address:: P.O. Box 9091

Country of mailing
address:: IL

Postal or Zip Code of
mailing address:: 61090